

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Chris Traylor
Director
Texas Health and Human Services Commission
State of Texas
4900 N. Lamar Blvd.
Austin, TX 78751

RECEIVED

APR 22 2010

OFFICE OF THE
HHS EXECUTIVE COMMISSIONER

Dear Director Taylor:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Texas' Medicaid program and what steps Texas takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Texas' rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,

A handwritten signature in dark ink, appearing to read "Chuck Grassley", written in a cursive style.

Charles E. Grassley
Ranking Member

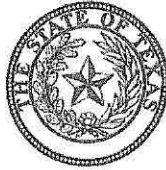
Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS
EXECUTIVE COMMISSIONER

April 29, 2010

The Honorable Charles E. Grassley
United States Senate
135 Hart Senate Office Building
Washington, DC 20510-1501

Dear Senator Grassley:

Thank you for your correspondence dated April 21, 2010, requesting information about the Medicaid utilization rates for certain mental health and pain medications in Texas. I appreciate the opportunity to provide you with this information.


The charts on the following pages present the utilization rates for the top ten prescribers per drug per calendar year for 2008 and 2009. This data includes the following attributes:

1. All Medicaid pharmacy claims for clients enrolled in fee-for-service, Primary Care Case Management (PCCM), and managed care models.
2. The top prescribers based on the number of filled prescriptions.
3. Prescribers identified by their Texas license number.
4. All strengths and formulations of the following requested medications (and their generic equivalents, if applicable):
 - a. Abilify
 - b. Geodon
 - c. Seroquel
 - d. Zyprexa
 - e. Risperdal (and Risperidone)
 - f. OxyContin
 - g. Roxicodone
 - h. Xanax (and ALPRAZolam)

The Honorable Charles E. Grassley
April 29, 2010
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Please let me know if you have any questions or need additional information. Andy Vasquez, Deputy Director for the Medicaid and CHIP Vendor Drug Program, serves as the lead staff on this matter and can be reached at (512) 491-1843 or by e-mail at Andy.Vasquez@hhsc.state.tx.us.

Sincerely,



Thomas M. Suehs

Prescriber License No.	Total Filled Rx	Total Amount Paid
Abilify (CY2008)		
G7002	2,136	\$ 940,187
K1492	1,992	\$ 920,648
K6992	1,703	\$ 691,722
L1446	1,221	\$ 623,162
F3588	1,219	\$ 492,825
J1266	1,166	\$ 610,967
H4885	1,106	\$ 515,626
G7406	1,028	\$ 569,445
K7092	1,000	\$ 426,041
H7500	798	\$ 316,023
Abilify (CY2009)		
G7002	2,228	\$ 1,077,487
K1492	2,116	\$ 1,075,395
F3588	1,618	\$ 709,738
L1446	1,478	\$ 864,647
H4885	1,426	\$ 691,887
D3283	1,272	\$ 682,124
K6992	1,201	\$ 539,817
J1266	1,123	\$ 590,741
G7406	1,005	\$ 566,225
H3342	984	\$ 431,444

Prescriber License No.	Total Filled Rx	Total Amount Paid
Geodon (CY2008)		
F3588	1,335	\$ 392,967
H7500	1,090	\$ 284,451
K0968	552	\$ 187,518
H8464	513	\$ 159,836
H3160	509	\$ 239,768
D3283	449	\$ 174,305
G7406	431	\$ 177,727
L1148	416	\$ 139,492
J3443	415	\$ 170,532
G7002	410	\$ 122,216
Geodon (CY2009)		
H7500	1,348	\$ 333,942
F3588	1,223	\$ 377,995
K0968	895	\$ 363,099
G7406	719	\$ 303,588
D3283	608	\$ 235,153
H8464	600	\$ 179,865
J0841	455	\$ 153,758
H6867	415	\$ 182,833
J3443	413	\$ 186,820
H3160	392	\$ 181,915
Seroquel (CY2008)		
F3588	3,543	\$ 1,074,639

G7002	2,436	\$ 761,653
H4885	2,046	\$ 428,571
J3819	1,552	\$ 397,477
G1766	1,339	\$ 411,758
J3443	1,335	\$ 602,482
H6444	1,324	\$ 433,121
H2532	1,286	\$ 352,610
E4644	1,140	\$ 633,982
H7500	1,140	\$ 268,694
Seroquel (CY2009)		
F3588	3,788	\$ 1,285,748
G7002	2,622	\$ 930,431
H4885	2,445	\$ 559,919
J3443	1,390	\$ 677,689
H2532	1,244	\$ 357,838
H3342	1,235	\$ 304,152
G1766	1,220	\$ 424,764
H6444	1,112	\$ 388,931
E4644	1,096	\$ 688,359
K0968	1,081	\$ 490,678

Prescriber License No.	Total Filled Rx	Total Amount Paid
Zyprexa (CY2008)		
F3588	1,063	\$ 434,757
H7500	954	\$ 296,854
G3034	792	\$ 500,184
H2532	564	\$ 323,106
E4644	449	\$ 408,716
H4429	438	\$ 446,186
E6525	431	\$ 430,450
J2043	413	\$ 341,582
G1766	408	\$ 233,360
J8557	406	\$ 378,845
Zyprexa (CY2009)		
F3588	1,101	\$ 465,585
G3034	822	\$ 561,422
H7500	816	\$ 287,500
H6867	637	\$ 371,351
J8557	630	\$ 573,164
E6525	621	\$ 545,432
H2532	602	\$ 362,041
H3160	518	\$ 379,721
H4429	486	\$ 470,152
E4644	480	\$ 477,062
Risperdal / Risperidone (CY2008)		
H4885	2,114	\$ 585,882
H6867	1,968	\$ 729,849
G7002	1,838	\$ 496,710
F3588	1,482	\$ 538,650
J0841	1,466	\$ 366,774

G7323	1,332	\$ 671,504
G1756	1,303	\$ 309,834
G1766	1,286	\$ 409,371
H0378	1,204	\$ 251,064
K5680	1,132	\$ 392,290
Risperdal / Risperidone (CY2009)		
H4885	2,411	\$ 2,411
H6867	2,225	\$ 2,225
G7002	1,931	\$ 1,931
J1321	1,540	\$ 1,540
G1756	1,205	\$ 1,205
J0841	1,083	\$ 1,083
E6525	1,051	\$ 1,051
K4525	1,025	\$ 1,025
H0378	982	\$ 982
F9830	975	\$ 975

Prescriber License No.	Total Filled Rx	Total Amount Paid
OxyContin (CY2008)		
K1083	512	\$ 287,191
H2862	166	\$ 132,973
D7531	121	\$ 68,488
K3803	119	\$ 47,720
G3189	107	\$ 78,797
K2765	84	\$ 39,152
J9240	76	\$ 61,946
J8310	72	\$ 39,463
L0646	70	\$ 77,281
G0020	69	\$ 86,097
OxyContin (CY2009)		
K1083	732	\$ 437,538
D7531	309	\$ 202,423
F2816	164	\$ 122,096
K3803	150	\$ 69,009
G3189	124	\$ 101,301
H2862	104	\$ 76,341
K4423	88	\$ 96,313
E8662	77	\$ 17,132
G0020	77	\$ 96,202
K2765	76	\$ 37,965
Prescriber License No.	Total Filled Rx	Total Amount Paid
Roxicodone (CY2008)		
G2267	12	\$ 3,186
J4642	12	\$ 201
E7305	6	\$ 86
J4240	4	\$ 921
K4423	4	\$ 750
G1555	3	\$ 357
G3221	3	\$ 1,063
J4402	3	\$ 103
G2899	2	\$ 667

J0335	2	\$ 771
Roxicodone (CY2009)		
K4423	17	\$ 3,356
G1674	9	\$ 1,037
G2267	9	\$ 2,733
G2899	5	\$ 756
J4642	5	\$ 44
J0335	4	\$ 1,613
M9860	4	\$ 78
H2862	3	\$ 427
J2705	3	\$ 130
M8738	3	\$ 125

Prescriber License No.	Total Filled Rx	Total Amount Paid
Xanax / ALPRAZolam (CY2008)		
F3588	13,596	\$ 297,787
D8048	3,514	\$ 51,941
G1462	2,339	\$ 22,996
D3362	2,325	\$ 31,757
D5588	2,101	\$ 38,708
D3082	2,072	\$ 73,613
H4885	2,067	\$ 40,519
L9465	1,643	\$ 31,189
G3189	1,509	\$ 20,918
J0650	1,444	\$ 20,314
Xanax / ALPRAZolam (CY2009)		
F3588	14,170	\$ 299,314
G1462	2,808	\$ 27,734
D8048	2,435	\$ 35,148
H4885	2,275	\$ 42,375
L9465	2,192	\$ 38,299
D3362	2,253	\$ 29,520
D3082	2,019	\$ 46,227
L1649	1,776	\$ 24,704
G3189	1,782	\$ 23,836
J6863	1,696	\$ 64,759

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Thomas M. Suehs
Executive Commissioner
Texas Health and Human Services Commission
4900 North Lamar
Austin, Texas 78751

Dear Mr. Suehs:

On April 29, 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in Texas, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, prescriber F3588 was consistently in the top three prescribers for nearly all of the prescription drugs. In fact, this prescriber wrote five times as many prescriptions for Xanax than the second leading prescriber and for Seroquel wrote more than a 1,000 scripts more than the second leaded prescriber.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

February 13, 2012

THOMAS M. SUEHS
EXECUTIVE COMMISSIONER

The Honorable Charles E. Grassley
United States Senator
Washington, D.C. 20510-6275

Dear Senator Grassley:

Thank you for giving me the opportunity to provide more information on the utilization and monitoring of prescription drugs in Texas. Over the past several years, Texas has made great progress in managing inappropriate utilization of pain management and antipsychotic drugs. The state has used many strategies to better manage use of these drugs and done so through successful collaboration with multiple agencies, including the Texas Medicaid program, Health and Human Services Commission Office of Inspector General (HHSC-OIG), Department of Family and Protective Services (DFPS), Department of State Health Services (DSHS) and the Texas Attorney General (AG). Inter-agency collaboration recently enabled the successful prosecution by the AG of a major drug manufacturer for off-label promotion of antipsychotic drugs for use in children. The AG prosecution led to a \$158 million settlement.

We can and will do more and are encouraged by the work of you and your committee to support the efforts of Texas and other states to address this endemic issue. Below, please find our answers to the questions in your January 23, 2012, letter.

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

Of the providers identified in the previous communication, the HHSC Office of Inspector General (HHSC-OIG) has excluded four from participation in the Texas Medicaid Program. Of these four providers, two were excluded due to an adverse licensing action taken by the licensing board; one was excluded based upon a conviction in a criminal case; and one was excluded based on allegations of inappropriate billing and coding of hours related to patient service. These actions were taken in the course of regular monitoring by HHSC-OIG and not solely as a result of the providers' prescribing habits.

Additionally, HHSC-OIG has taken the other following enforcement actions:

- opened 39 investigations;
- referred three of these providers to the Office of the Attorney General for criminal prosecution;

- referred two of these providers to licensing boards for action;
- sent two educational letters to providers; and
- referred one provider to the state's private Medicaid claims processor for further recoupment.

2. *If there has been no action taken with respect to these prescribers, please explain why not.*

While a physician's prescription rate for certain drugs may be cause for concern, the presence of this high rate may not necessarily be indicative of fraud or abuse on its own. HHSC-OIG investigations arise from the receipt of a specific allegation of fraud, provider self reports, and computer data matches.

3. *Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.*

Of the 71 prescribers identified by Texas in April 2010, 8 providers are not eligible to bill the Medicaid program as of this letter.

4. *Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.*

See Attachment 1 for the top prescribers for 2010 and 2011 by drug.

5. *Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?*

HHSC-OIG verifies that each of these providers has a license in good standing before recommending a provider for enrollment. HHSC-OIG does this by checking each provider for licensure through the Texas Medical Board each time a provider seeks to enroll or re-enroll in the Texas Medicaid program, and each time a provider changes locations or expands his or her practice. Because Texas requires that a provider be enrolled in Medicare before enrolling in Medicaid, HHSC relies upon the Medicare check of the National Practitioner Data Bank during enrollment of providers.

Of the providers in question, five providers submitted applications for the time period in question and were checked in this way for complaints or misconduct. These providers, as identified in HHSC's original correspondence to you, are H6867, H2532, D3362, D3082, and K1083. Four providers were subsequently excluded from the Texas Medicaid program due to actions taken by their licensing board. These providers were identified as D0848, J4402, J9240, and H6867.

The Texas Medical Board, and other licensing boards, provides HHSC-OIG with regular reports of disciplinary orders. HHSC-OIG takes action to exclude providers whose licenses are shown to have been suspended or revoked.

6. *Have any of the prescribers identified to this Committee been referred to your state medical board?*

Two of the providers were referred to their appropriate Texas licensing board.

7. *Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?*

HHSC-OIG does not identify providers for investigations solely based on volume of prescriptions they write. However, HHSC-OIG does perform data mining processes that use targeted queries to determine outliers and anomalies among Medicaid providers. Some of these targeted queries include excessive prescription writing as a condition of the search; however, these queries may also include other metrics that allow HHSC-OIG to find providers with a higher probability of fraudulent activity.

Additionally, beginning March 1, 2012, most of the state's Medicaid clients will obtain both their medical and prescription benefits through the managed care service delivery model. Under this full-risk model, health plans are expected to be more aggressive with their monitoring of their enrolled providers' practices. The managed care organizations (MCOs) are contractually required to implement a drug utilization review (DUR) program in which they conduct prospective and retrospective utilization review of prescriptions that is consistent with Medicare Part D drug utilization review standards. The prospective review should compare the prescribed medication against previous drug history for certain situations; and the retrospective review should monitor prescriber and contracted pharmacies for outlier activities and determine whether services were delivered as prescribed and consistent with the MCO's payment policies and procedures. The MCOs are also required to submit quarterly reports on the DUR efforts. With managed care plans responsible for both the medical and pharmacy benefits for the first time in Texas, improvements in care coordination and utilization management are also expected.

8. *Have you received any training or guidance from the Centers for Medicare and Medicaid Services to help identify potential issues with prescription drugs?*

CMS has not provided additional training or guidance related to antipsychotic or pain management drugs. However, in November 2011, the state received a State Medicaid Director letter regarding the safe, appropriate, and effective use of psychotropic medications among children in foster care. Texas was a contributor to some of the work outlined in this letter and, as stated below, the state continues to proactively monitor prescribing to this population. The letter is available at the following link:
<https://www.cms.gov/smdl/downloads/Iri-Agency%20Letter.pdf>.

9. *Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?*

The Texas Department of Public Safety maintains a database of all prescribed controlled substances, called the Texas Prescription Program. Access to information is statutorily restricted, and is available only to practitioners and pharmacists who are inquiring about their patients and to various regulatory and law enforcement personnel.

10. *Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?*

HHSC applies numerous point-of-sale (POS) edits (restrictions) to all outpatient prescription claims.

Maximum Units

Each drug on the Vendor Drug Program (VDP) formulary has maximum quantity limits. These limits are based on information supplied by manufacturers, professional compendia, and peer-reviewed literature available for these drugs. If these limits are exceeded, the claim will deny at the POS and the dispensing pharmacy or prescribing provider must call our pharmacy resolutions help desk to request an override. HHSC's Drug Use Review (DUR) pharmacists review calls on a case-by-case basis. Letters of medical necessity may be requested from the prescriber to document the need for quantity, or any other medical override.

Prior Authorization

The Texas Medicaid VDP has extensive prior authorization processes in place to help ensure the appropriate use of medication in the Medicaid population. Twenty-five clinical edits are currently in place, including: "Prochloroperazine Usage in the Very Young", "Opiate Overutilization", and "Antipsychotics". A full list is available on-line at: www.txvendordrug.com/dur/edits.shtml. The edits help ensure that each claim for these products meets approved clinical criteria established by the Texas Medicaid Drug Use Review Board, at the POS. If these criteria are not met, the prescriber (or their designee) must call the Texas Medicaid prior approval vendor to request an authorization based on the additional clinical information they provide. Other clinical, prior approval categories are reviewed in-house by DUR staff, including: Xenical, Growth Hormone, and Stimulant drugs.

Therapeutic Duplication

The VDP has a POS DUR module that includes a check of the patient's medication history for therapeutic duplication (TD), ingredient duplication, drug-drug interactions, and a high-dose check for acetaminophen. If a TD is recognized, the pharmacy is alerted and must

proactively report the outcome of its intervention on the claim before the prescription can be adjudicated.

Early Refill

The VDP system checks each claim for early refill. Before a prescription can be refilled, 75 percent of the previous claim's days supply must be used or an "early refill" reject message will be returned to the pharmacy. The dispensing pharmacy must call the HHSC pharmacy resolutions help desk to request an override.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?

HHSC's Drug Utilization Review (DUR) program promotes appropriate use of pharmaceuticals in the outpatient Medicaid program through education of practitioners. That program includes the use of eight to ten retrospective DUR interventions per year. For a targeted drug therapy, HHSC identifies physicians whose prescribing practices are outside the norm. Those physicians are mailed a packet of information that explains the clinical criteria (e.g., based on the package insert) for the specific intervention and lists their patients to whom the criteria may apply. Approximately six months after the intervention letters are distributed an analysis is completed to compare the prescribing practices of those physicians to a control group, to evaluate the degree of change in prescribing patterns. Prescribers in the control group do not receive an intervention letter. The retrospective DUR process is intended to provide clinical education to providers to help them change their prescribing practices; it is not a compliance monitoring program.

Two of the retrospective interventions that were completed in 2010 dealt with the drugs on the Senator's list.

Chronic Non-Malignant Pain Intervention

- Included Oxycodone, Roxicodone, and Xanax
- 24 of the physicians identified by HHSC in its 2010 letter were selected for an intervention packet
- Results: By the end of the six-month study period there was a 3.2 percent decrease in the cost per patient per month for claims filled by clients of these 24 physicians. By contrast there was an 8.0 percent increase in the control group.

Atypical Antipsychotic Intervention

- Included Abilify, Geodon, Seroquel, and Zyprexa
- 55 of the physicians identified by HHSC in its 2010 letter were selected for an intervention packet

- Results: By the end of the six-month study period there was a 2.75 increase in the cost per patient per month for claims filled by clients of these 24 physicians. By contrast there was an 8.54 percent increase in the control group.

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Since 2005, the Texas Health and Human Services agencies (Health and Human Services Commission [HHSC], Department of Family and Protective Services [DFPS], and Department of State Health Services [DSHS]) have taken steps to encourage the appropriate prescribing of antipsychotic medications, particularly among children in foster care who are prescribed these medications at a significantly higher rate than other children in Medicaid.

Strategies Targeted to the Foster Care Population

In February 2005, the HHS agencies released the Psychotropic Medication Utilization Review Parameters for Foster Children (Texas Parameters). These parameters guide utilization review of psychoactive medications for the foster care population, including the use of antipsychotics, antidepressants, stimulants and mood stabilizers. HHSC, DFPS, and DSHS periodically update the Texas Parameters to reflect the most current clinical information on these medications. The 2010 updated Parameters may be found at: www.dfps.state.tx.us/documents/about/pdf/TxFosterCareParameters-December2010.pdf

Since the release of the Texas Parameters in February 2005, the HHS agencies have taken many steps to encourage appropriate prescribing of psychoactive medications to children in foster care. DFPS and HHSC have widely distributed the parameters to medical providers, Child Protective Services (CPS) staff, judges and residential care providers, with targeted communication to the highest volume prescribers and those with most patients falling outside the guidelines. And, HHS agencies are beginning another review of the parameters that will result in an updated set of parameters.

In addition, in April 2008, HHSC in close collaboration with DFPS implemented the STAR Health statewide managed health care system to provide comprehensive health care for Medicaid youth in foster care. STAR Health includes a medical home model, electronic health passport, and ongoing Psychotropic Medication Utilization Reviews (PMURs) based on the Texas Parameters to monitor clinical psychiatric prescribing.

Other steps that Texas has taken to support the oversight of psychotropic medication prescribing to youth in foster care include: the hiring of a child and adolescent psychiatrist in 2007 to serve as DFPS's first medical director; the creation of an interagency Psychotropic Medication Monitoring Group that meets bi-monthly; and ongoing data collection and reporting on the use of psychotropic medications in Texas foster children from FY 2002 – present.

Since 2005 and likely as a consequence of these changes, prescribing of psychotropic medications in the foster care population has been on a downward trend. Every year, the use of psychotropic medications in Texas foster care continues to decrease, from 29.9 percent in Texas State Fiscal Year (FY) 2004 to 20.6 percent in FY 2010 for children prescribed psychotropic medications for 60 days or more. This decrease represents a 31 percent reduction in usage.

Furthermore, Texas has seen a downward trend in antipsychotic high dose use and use of multiple antipsychotics in the general Medicaid children's population, which may also be due to the release of the Texas Parameters and utilization review in the foster care population. Although the guidelines and the utilization review system specifically target the foster care population, there is some overlap between the physicians treating youth in foster care and those treating the general Medicaid youth population and the Texas Parameters have been widely distributed to physicians.

Strategies Targeted to the General Medicaid Population

In addition to the dissemination of the Texas Parameters, HHSC has taken other steps to educate providers about the prescription of antipsychotics to children and adolescents in the general Medicaid population. See the response to question 11 for examples of retrospective DUR interventions that were completed in 2010. Also, as of June 14, 2011, Texas Medicaid began to require a prior authorization before an antipsychotic medication may be prescribed to a child under age 3 years, including foster care and non-foster care populations.

In conclusion, Texas has multiple programs in place and has completed several efforts to reduce fraud and over-prescribing of pain management and antipsychotic drugs. We will continue to evaluate our programs and procedures to help ensure they recognize changes in practices by prescribers that are intent on committing fraud and will take strong action when fraud, waste, or abuse is suspected.

Sincerely,



Thomas M. Suehs

Attachment

bcc: Billy Millwee
Doug Wilson
Katie Olse
Taylor Coffey
Molly Czepiel

Attachment 1

Prescriber License No.	Total Filled Rx	Total Amount Paid
Abilify (CY2010)		
G7002	2,272	\$1,179,359
L1446	2,079	\$1,369,732
K1492	1,924	\$1,067,898
F3588	1,681	\$794,415
D3283	1,605	\$826,295
H4885	1,245	\$646,716
G5833	1,140	\$648,849
H3342	1,098	\$513,355
H6867	946	\$681,332
G7406	944	\$562,150

Prescriber License No.	Total Filled Rx	Total Amount Paid
Abilify (CY2011)		
H7500	3,821	\$1,854,159
L1446	2,421	\$1,811,269
G7002	2,320	\$1,334,550
K1492	1,781	\$1,022,047
D3283	1,395	\$732,289
G5833	1,330	\$833,635
F3588	1,273	\$586,431
J3241	1,241	\$675,585
H4885	1,228	\$671,530
K5680	1,001	\$602,551

Geodon (CY2010)		
H7500	1,268	\$350,589
K0968	1,219	\$556,472
F3588	791	\$300,508
H8464	693	\$216,613
D3283	651	\$282,655
G7406	613	\$266,180
J0841	487	\$182,423
H3160	427	\$227,578
H4885	413	\$143,035
H9657	381	\$234,027

Geodon (CY2011)		
H7500	2,035	\$590,310
F3588	579	\$216,281
G7406	499	\$233,558
H8464	499	\$164,608
K0968	452	\$220,063
H3691	410	\$170,977
D3283	401	\$189,625
J6591	398	\$177,418
H9657	384	\$252,049
J0841	376	\$154,605

Seroquel (CY2010)		
F3588	3,543	\$1,251,064
G7002	3,137	\$1,141,648
H4885	2,743	\$745,561
J3443	1,629	\$844,984
D3283	1,373	\$638,685
H2532	1,262	\$423,809
K0968	1,255	\$556,166
H3757	1,231	\$436,545
H6867	1,219	\$513,903
G1766	1,159	\$472,511

Seroquel (CY2011)		
F3588	2,621	\$943,433
H4885	2,610	\$772,273
J3443	1,617	\$921,665
G7002	1,610	\$688,558
K0968	1,424	\$736,410
H7500	1,406	\$438,714
M4761	1,317	\$762,817
K0974	1,260	\$485,799
L9465	1,216	\$463,170
J3241	1,189	\$369,285

Zyprexa / Olanzapine (CY2010)		
F3588	1,144	\$467,289
E6525	681	\$603,908
H7500	679	\$271,666
H6867	677	\$454,017
H2532	655	\$449,359
J8557	581	\$543,991
E4644	531	\$555,992

Zyprexa / Olanzapine (CY2011)		
F3588	1,036	\$476,926
E6525	831	\$820,556
J8557	730	\$801,994
H7500	704	\$384,071
H6867	687	\$613,569
J6591	606	\$569,912
E4644	578	\$718,387

Prescriber License No.	Total Filled Rx	Total Amount Paid
H3160	523	\$466,957
H4429	508	\$509,094
J6591	496	\$445,261

Prescriber License No.	Total Filled Rx	Total Amount Paid
G7002	561	\$498,467
H7109	541	\$495,769
H3160	540	\$536,106

Risperdal / Risperidone (CY2010)		
H6867	2,993	\$289,874
H4885	2,790	\$125,225
G7002	2,274	\$167,080
G1756	1,989	\$49,571
K9927	1,601	\$170,911
J1321	1,594	\$34,231
H9656	1,370	\$130,688
G1766	1,350	\$233,509
J0841	1,338	\$98,603
F9830	1,337	\$74,991

Risperdal / Risperidone (CY2011)		
G1756	3,351	\$79,297
H6867	3,295	\$274,981
K9927	2,980	\$201,632
H4885	2,931	\$118,406
G7002	2,251	\$92,758
J8557	2,037	\$45,513
L1446	1,958	\$127,171
F8235	1,563	\$31,819
H9656	1,464	\$90,743
M4761	1,454	\$72,882

OxyContin / Roxicodone (CY2010)		
K1083	634	\$398,103
G1674	302	\$168,402
D7531	292	\$168,517
K4423	243	\$193,842
H2003	185	\$181,882
K2282	180	\$81,781
N3864	147	\$95,111
L8295	143	\$95,050
M4663	141	\$70,991
K3803	138	\$69,956

OxyContin / Roxicodone (CY2011)		
G1674	478	\$233,105
K1083	388	\$238,391
K4423	263	\$233,098
K2282	244	\$78,502
L6762	200	\$51,938
D7531	173	\$117,668
G2899	169	\$67,852
M4663	164	\$74,606
N2242	159	\$24,059
K3803	136	\$65,504

Xanax / Alprazolam (CY2010)		
F3588	12,277	\$218,422
G1462	3,939	\$38,938
L9465	2,934	\$50,898
L1649	2,897	\$37,860
H4885	2,595	\$50,570
D3082	2,451	\$74,531
E6734	2,332	\$26,539
J0650	2,179	\$31,374
D3283	2,110	\$45,009
J6863	1,896	\$38,426

Xanax / Alprazolam (CY2011)		
F3588	12,620	\$190,877
L1649	3,651	\$42,382
L9465	3,432	\$72,996
D3082	2,760	\$65,279
H4885	2,710	\$44,389
J0650	2,260	\$35,386
G0428	2,239	\$39,774
G3189	2,172	\$24,948
D3283	2,029	\$38,299
E6734	1,976	\$20,310